



024-03-06

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1618

PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/966,036
Filing Date	September 28, 2001
First Named Inventor	Dorrie M. Happ
Group Art Unit	1618
Examiner Name	Blessing M. Fubara
Attorney Docket Number	50623.132

Total Number of Pages in This Submission
(excluding references)

14

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response To Office Action (11 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership (page)	<input type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (month) (in duplicate) (2 pages)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other
<input type="checkbox"/> Supplemental Information Disclosure Statement (pages) (in duplicate) with Form PTO-1449 (pages) citing References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 687 139 024 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Reg. No. 49,010
Signature	
Date	March 30, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:

Typed or printed name	Patricia Gamble	Date	March 30, 2006
Signature			

**AMENDMENT TRANSMITTAL LETTER** (Large Entity)

Applicant(s): Dorrie M. Happ

Docket No.

50623.132

Serial No.

09/966,036

Filing Date

September 28, 2001

Examiner

Blessing M. Fubara

Group Art Unit

1615

Invention:

A Medical Device Containing Light-Protected Therapeutic Agent And A Method For Fabricating The Same

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.


The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41	41	0	X \$18.00	\$00.00
INDEP. CLAIMS	9	9	0	X \$86.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 07-1850 in the amount of \$00.00
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

Dated: March 30, 2006
Squire, Sanders & Dempsey L.L.P.
1 Maritime Plaza, Suite 300
San Francisco, CA 94111
(415) 954-0200


Mark Lupkowski
Reg. No. 49,010

cc: Docket:

Serial No. 09/966,036

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Dorrie M. Happ

Serial No.: 09/966,036

Filed: September 28, 2001

Examiner: Blessing M. Fubara

Art Unit: 1618

Attorney's Docket Number: 50623.132

Title: A Medical Device Containing Light-Protected Therapeutic Agent And a Method For Fabricating The Same

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Fubara:

This is a Response to the Office Action mailed on January 11, 2006, which has a shortened statutory period for reply that ends on April 11, 2006.

The list of claims begins on page 2.

Remarks begin on page 8.